MARYLAND STATE DEPARTMENT OF HEALTH

WITHIN CORPORATE LIMITS OF

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 185

CERTIFICATE OF DEATH

08920

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution 706 Green St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in this community (yrs., mos., or days) Y

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Havre de Grace Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Green St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Edward Roy Andrews

3 (b) If veteran, name war: Yes World War
3 (c) Social Security No.: —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Grace Agnes Andrews
6. (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1897

8. AGE: Years 42 | Months 6 | Days 22 | If less than one day — hr. — min.

9. Birthplace Cecil Co. Md.
(Town, county, and state)
10. Usual occupation Property Custodian Edgewood Arsenal U.S.A.
11. Industry or business U. S. Government

FATHER
12. Name Harley Andrews
13. Birthplace Penn

MOTHER
14. Maiden Name Melinda Andrew
15. Birthplace Penna.

16 (a) Informant Mrs. Grace A. Andrews
(b) Address Havre de Grace, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26 39 (month) (day) (year)
(c) Cemetery or crematory Angel Hill
Location Havre de Grace, Md.

18 (a) Funeral director F. Madison Mitchell
(b) Address Havre de Grace, Md.

19 (a) Aug 24 1939 (Date rec'd by registrar) (b) James A. Boyd Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 23 1939, at 9:39 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 16 1939, to Aug 23 1939, and that I last saw him alive on Aug 23 1939.

Immediate cause of death: Coronary Thrombosis — Duration
Due to: —
Due to: —
Other conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

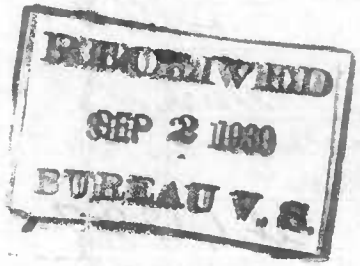
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature C. Lewis M.D. M. D. or Other
Address Havre de Grace Date signed 8-24-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING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WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (93-2)

08021

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days) 4 days
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Perryman's Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Earl B. Botts

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Widowed

6 (b) Name of husband or wife Bessie Botts
Deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1878

8. AGE:

Years	Months	Days	If less than one day
60	7	17	hrs. min.

9. Birthplace Harford County, Md. (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER 12. Name Samuel Botts
13. Birthplace Maryland
MOTHER 14. Maiden name Mary E. Smith
15. Birthplace Maryland
16. Informant Daniel Botts
Address Perryman's, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 18, 1939 (month) (day) (year)
Cemetery or crematory Grace Cem.
Location Aberdeen, Md.
18. Funeral director Henry Tarring & Sons
Address Aberdeen, Md.
19. Aug 17 1939 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 1939, at 3:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 20 1937, to August 16 1939, and that I last saw h alive on August 16 1939.

Immediate cause of death	DURATION
Cerebral Edema	1 week
Due to Toxaemia	4 days
Due to Essential Hypertension Arteria Sclerosis	10 yrs.
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank Walker M.D.
M. D. or other
Address Havre de Grace Md. Date signed 8/16/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 185

08022

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Harford County

(b) City or town Havre de Grace, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Harford Memorial Hospital

(d) Length of stay in hospital or inst. (~~[illegible]~~, or days) 28

(e) Length of stay in this community (yrs., ~~mos., or days~~)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Harford

(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)

(d) Street No. Strawberry Alley
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Eliza Christy

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race Negro

6 (a) ~~Single~~, ~~married~~, ~~widowed~~, or ~~divorced~~. Widow

6 (b) Name of husband or wife James E. Christy

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 4th 1873

8. AGE: Years 66 ? Months 4 Days — If less than one day _____ hr. _____ min.

9. Birthplace Harford County
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name David Sinker
13. Birthplace Maryland

MOTHER
14. Maiden Name Lene Stansberry
15. Birthplace Maryland.

16 (a) Informant Mrs. Herbert Christy
(b) Address Perryman Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6 1939 (month) (day) (year)

(c) Cemetery or crematory Union M. E. Cemetery

Location Aberdeen Md

18 (a) Funeral director Henry Tarring Hons

(b) Address Aberdeen Md

19 (a) Aug. 3, 1939 (Date rec'd by registrar) (b) James H. Bay, M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death August 2 1939, at 1:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1939, to Aug 2 1939 and that I last saw him alive on Aug 2 1939

Immediate cause of death Cerebral hemorrhage

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Havre de Grace, Md. Date signed Aug. 3, 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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08023

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92a CB

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford

City or town Havre Dr Grace Md. R.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna County Phila Co.,

City or town Phila Penna Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6132 Webster St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Margarett M. Craig

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband ~~or wife~~ John Craig

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 15, 1861

8. AGE: Years 78 Months 2 Days 29 If less than one day ____ hrs. ____ min.

9. Birthplace Harford Co., Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business At Home

FATHER 12. Name John Craig

13. Birthplace Ireland

MOTHER 14. Maiden name Lucretia Mitchel

15. Birthplace Harford Co., Md.

16. Informant Robert A. Craig

Address Kennett Square Pa

17. Fernwood (Burial, cremation, or removal. Which?) Date thereof August 17, 1939 (month) (day) (year)

Cemetery or crematory Burial

Location Delaware Co., Penna

18. Funeral director H. S. Bailey

Address Darlington, Md

19. Aug 14 1939 (Date rec'd by registrar) Bertha B. Knight Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1939, at 9.40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14 1939, to Am visit 19__, and that I last saw her alive on Aug 14 1939.

Immediate cause of death

Due to Chronic endocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

DURATION 5 yrs

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide none Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. E. Gallery M. D. or other

Address Darlington Date signed 8-14-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

08024

1. PLACE OF DEATH

(82-a)

County Harford Registration Dist. No. 181

Village or City Aberdeen No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 75 yrs. 5 mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary L. Gorrell If U. S. Veteran, specify WAR

(a) Residence: No. Church Green St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: Napoleon Gorrell

6. DATE OF BIRTH (month, day, and year): Feb. 18 - 1864

7. AGE: Years 75 | Months 5 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): June 1938

11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): Harford Co Maryland

FATHER

13. NAME: Noah Stinchcomb

14. BIRTHPLACE (city or town) (State or country): Balto. Maryland

MOTHER

15. MAIDEN NAME: Mary L. Unger

16. BIRTHPLACE (city or town) (State or country): Washington D. C.

17. INFORMANT (Address): Mr. Napoleon Gorrell Aberdeen Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Grove Cemetery Date: Aug. 16th, 1939

19. UNDERTAKER (Address): Henry Tarring Sons Aberdeen Md

20. FILED: Aug. 16, 1939 C. C. Michael Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1939, to Aug 14, 1939

I last saw her alive on Aug 14, 1939; death is said to have occurred on the date stated above, at 1:00 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Paralysis throat and right arm

Primary cause: Cerebral hemorrhagen

Duration: Six months. C.W.G.R.

Other Contributary Causes of importance: Malneutrition due to inability to swallow food

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 1939

Where did injury occur? No (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas H. Kiete M. D.

(Address) Aberdeen Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-2)

Reg. Dist. No. 182

CERTIFICATE OF DEATH

08025

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Harford Co

(b) City or town Calvary (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Harford

(c) City or town Calvary (If outside city or town limits, write RURAL and give town)

(d) Street No. Harford Co (If rural give location)

(e) If foreign born, how long in U. S. A.? 78 years

3 (a) FULL NAME Olga E. Hanson

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex F.

5. Color or race Wh.

6 (a) ~~Single~~, ~~married~~, widowed, or divorced Widowed

6 (b) Name of husband or ~~wife~~ Frederick Hanson

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 13, 1861

8. AGE: Years 77 Months 6 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace Harford Co (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER 12. Name Thos. Paxton

FATHER 13. Birthplace Calvary Md.

MOTHER 14. Maiden Name Julia Norris

MOTHER 15. Birthplace Harford Co.

16 (a) Informant Mary E. Hanson

16 (b) Address Aberdeen Md.

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof Sept 2 1939 (month) (day) (year)

17 (c) Cemetery or crematory Greystone

Location Churchville Md.

18 (a) Funeral director Dean & Tate

18 (b) Address Bel Air Md

19 (a) Sept 2 1939 (Date rec'd by registrar) (b) N C Richardson Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 31 1939 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Aug 31 1939, and that I last saw him alive on Aug 31 1939,

Immediate cause of death	Duration
(a) Arteriosclerosis	
Due to (b) Chronic Myocarditis	
Due to (c) Hypostatic	
Other conditions Pneumonia	
Contributing Failure (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles J. Foley M.D. M. D. or other

Address Havre de Grace Md. Date signed 9/1/39

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OCT 4 1939
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STATE OF MARYLAND—CERTIFICATE OF DEATH

08926

(131)

1. PLACE OF DEATH

County Harford Registration Dist. No. 18

Village or City Bel Air Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin Hanson Webster Harlan Veteran, specify WAR

(a) Residence: No. Bel Air Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret W Hanway

6. DATE OF BIRTH (month, day, and year) May 12 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lawyer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and yaar)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bel Air (State or country) Md

FATHER

13. NAME Wm H Harlan

14. BIRTHPLACE (city or town) Harford Co (State or country) Md

MOTHER

15. MAIDEN NAME Bessie Webster

16. BIRTHPLACE (city or town) Harford Co (State or country) Md

17. INFORMANT Mrs Horace Boarman (Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL Place Rock Spring Date Aug 9th, 1939

19. UNDERTAKER Dean & Foster (Address) Bel Air Md

20. FILED Aug 8, 1939 M E Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 7 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from February, 1938, to Aug. 7, 1939

I last saw h- alive on Aug 7, 1939; death is said to have occurred on the date stated above, at 12 12 m.

The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance ware as follows:

	Date of onset
arterio-sclerosis,	of sym
chronic nephritis	Hosp-
	Feb, 38.

Other Contributory Causes of Importance:

acute cardiac dilatation

Name of operation none Dete of Aug 7/39

What test confirmed diagnosis? true clinical study Was thare an autopsy? no

23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Natura of Injury

24. Was disease or injury in eny way relatad to occupation of dacaased? no

If so, specify

(Signed) Charles Bagley, Jr M. D.

(Address) Latrobe Apts. Baltimore Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93C)

08027

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford County
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (yrs., or ~~mos.~~, or days) 46 days
Stay in this community (yrs., or ~~mos.~~, or ~~days~~) 63 years

2. USUAL RESIDENCE (HOME) OF DECEASED.
(For newborn infants give residence of mother)
State Maryland County Harford.
City or ~~town~~ Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 213-S. Washington St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas J. Healy

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 5- 1875

8. AGE:

Years	Months	Days	If less than one day
64	2	10	____ hrs. ____ min.

9. Birthplace Havre de Grace Md
(Town, county, and state)

10. Usual occupation Telegraph Operator

11. Industry or business

FATHER
12. Name Thomas Healy
13. Birthplace Md.

MOTHER
14. Maiden name Anna McGee
15. Birthplace Md.

16. Informant Harford Memorial Hospital
Address Havre de Grace, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Aug. 18. 1939 (month) (day) (year)

Cemetery or ~~crematory~~ Mt. Erin Cemetery.
Location Havre de Grace, Md.

18. Funeral director Pennington & Son.
Address Havre de Grace, Md.

19 Aug 16 (Date rec'd by registrar) 19 39 James A. Bay, Reg. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1939, at 11.20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937 to Aug 15 1939.
and that I last saw him alive on Aug 15 1939.

Immediate cause of death	DURATION
Arteria Sclerosis	2½ yrs.
Due to Chronic Myocarditis	1 yrs.
Due to Acute Diffuse Nephritis	2 mos.
Other conditions Uraemia. Toxaemia.	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles J. Foley M.D.
M. D. or other
Address Havre de Grace, Md. Date signed Aug 16, 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (35)

WITHIN CORPORATE LIMITS of

CERTIFICATE OF DEATH

08023

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Harford

City or town Havre de Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or insf. (yrs., or mos., or days) 3 dys.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DEceased:

(If newborn infants give residence of mother)

State Maryland County Harford

City or town Street R.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural, Near Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph W. Hoffman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife Levina Hoffman

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Aug 22 1868

8. AGE: Years 70 | Months 11 | Days 15 | If less than one day ____ hrs. ____ min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Joel Hoffman

13. Birthplace N.C.

MOTHER 14. Maiden name Mary Sturgeon

15. Birthplace N.C.

16. Informant Mrs. Joseph Hoffman

Address Street Harford Co. Md

17. Emory Cem (Burial, ~~cremation~~, removal. Which?) Date thereof August 10 1939 (month) (day) (year)

Cemetery or ~~crematory~~ Emory Cem. Harford Co. Md

Location

18. Funeral director H. S. Bailey

Address Darlington Harford Co. Md.

19. August 9 1939 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1939, at 1p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 4 1939, to Aug 7 1939, and that I last saw him alive on Aug 7 1939.

Immediate cause of death	DURATION
Epileptic Convulsions,	
+ Acute Cardiac	
Due to Paralysis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T. W. Steiner, M. D. or other

Address Havre de Grace Md Date signed 8-7-39

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SITHIN CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

08029

(8)

1. PLACE OF DEATH

County Harford Registration Dist. No. 185

Village or City Havre de Grace No. 631 Linden Lane St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Margaret E. Jorett If U. S. Veteran, specify WAR

(a) Residence: No. 631 Linden Lane St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Still-Born

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Still-Born

6. DATE OF BIRTH (month, day, and year) Aug 22, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	c	c	c	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Still-Born

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Havre de Grace (State or country) Maryland

FATHER

13. NAME Harry Jorett

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

MOTHER

15. MAIDEN NAME Irene Wilson

16. BIRTHPLACE (city or town) Havre de Grace (State or country) Maryland.

17. INFORMANT Mr. Harry Jorett (Address) 631 Linden Lane, H.d.G.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mogonale Cemetery Date Aug 23, 1939

19. UNDERTAKER Elmer E. Bullock (Address) Havre de Grace, Md.

20. FILED Aug 23, 1939 James A. Boy M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Born dead Aug 22, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Dead at birth	8.22.39

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Claude L Cowan M. D.

(Address) Havre de Grace, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 6, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

08030

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County: Harford County

City or town: Havre de Grace Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Harford Memorial Hospital

Stay in hospital or inst. ~~(yrs., or mos.,~~ or days): 33 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Aldina Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Louis Keller

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, ~~widowed, or divorced~~: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 24 - 1866

8. AGE: Years: 73 years Months: 4 Days: 24 If less than one day: hrs. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER

12. Name: Jacob Keller

13. Birthplace: Germany

MOTHER

14. Maiden name: Unknown

15. Birthplace

16. Informant: Hugh B. Bailey

Address: Aberdeen, Md. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 18, 1939 (month) (day) (year)

Cemetery or crematory: County Home Cem.

Location: Bel Air Md.

18. Funeral director: H. S. Bailey

Address: Darlington Md.

19. Aug. 18 1939 (Date rec'd by registrar) James H. Bay, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 18 1939, at 5a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Chronic Myocarditis

Due to: Mitral Regurgitation

Due to: Cardiac Insufficiency

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Havre de Grace Md Date signed: 8/14/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

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BUREAU V. S.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 185

CERTIFICATE OF DEATH

(210-m)

08031

1. PLACE OF DEATH:

(a) County Harford

(b) City or town Havre de Grace Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Harford Memorial Hospital

(d) Length of stay in hospital or inst. (~~yrs.~~, ~~mos.~~, or days) 2

(e) Length of stay in this community (yrs., mos., or days) 4 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Harford

(c) City or town Havre de Grace Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Mt Havre de Grace Md (If rural give location)

(e) If foreign born, how long in U. S. A.? 19 years

3 (a) FULL NAME Virginia Lassatovitch

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race W.

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife

6. (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) April 5, 1870

8. AGE: Years 69 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Verona, Italy (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business — own home

FATHER 12. Name Aionigio Lerevelle

13. Birthplace Italy

MOTHER 14. Maiden Name Palpunia de Lubbi

15. Birthplace Italy

16 (a) Informant Harford Memorial Hospital

(b) Address Havre de Grace, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 4, 1939 (month) (day) (year)

(c) Cemetery or crematory

Location Baltimore, Md.

18 (a) Funeral director Henry W. Mears & Son.

(b) Address 805 N. Calvert St. Balto. Md.

19 (a) Sept. 1, 1939 (Date rec'd by registrar) (b) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 31 1939, at 9:30 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1939, to Aug 31 1939, and that I last saw him or alive on Aug 31 1939.

Immediate cause of death Fracture of Skull, Cerebral Hemorrhage

Due to Auto accident

Fractures of left Femur

Due to Tibia & Fibula, Right Fibula

Other conditions Diabetes Mellitus Extreme shock. (Include pregnancy within 3 months of death)

Major findings: Hypostatic Pneumonia

Of operations

Of autopsy

Duration 1½ days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, ~~suicide~~, or homicide Accident

(b) Date of occurrence Aug 30, 1939.

(c) Where did injury occur? (City or town) Cecil (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public Highway (Specify type of place) While at work? no

(e) Means of injury Automobile Accident

23. Signature Charles J. Foley M.D. M. D. or other

Address Havre de Grace, Md. Date signed Sept 1, 1939

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BUREAU V. S.

08032

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (51-C)

County Harford Registration Dist. No. 182

Village or City (Near) Bel Air Md No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Thomas Magness Jr If U. S. Veteran, specify WAR

(a) Residence: No. Near Bel Air Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 29-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Bel Air
(State or country) Harford Co Md

FATHER

13. NAME John T Magness

14. BIRTHPLACE (city or town) Harford Co
(State or country) Md

MOTHER

15. MAIDEN NAME Irene Knight

16. BIRTHPLACE (city or town) Darlington
(State or country) Md

17. INFORMANT Mrs Bertha M Murray
(Address) Wilna Md

18. BURIAL, CREMATION, OR REMOVAL
Place Union Chapel Date Sept 1, 1939

19. UNDERTAKER Dean & Foster
(Address) Bel Air Md

20. FILED Sept 1, 1939 V.E. Chambers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Aug 2, 1939, to Aug 30, 1939

I last saw him alive on Aug 20, 1939; death is said to have occurred on the date stated above, at 4 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate gland and bladder.	

Other Contributory Causes of Importance:

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 19

Where did injury occur? ✓
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. P. Snodgrass M. D.

(Address) Darlington Md

Dr Snodgrass

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 4 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08033

1. PLACE OF DEATH

County Harford Registration Dist. No. 181

Village or City Aberdeen Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie E. Meeks

(a) Residence: No. Aberdeen Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of E. J. Meeks (Husband)

6. DATE OF BIRTH (month, day, and year) Nov. ~~May~~ 2 - 1877

7. AGE Years 62 Months 3 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Md

FATHER

13. NAME Robert E. White

14. BIRTHPLACE (city or town) (State or country) Laurel Md

MOTHER

15. MAIDEN NAME Josephine B Phelps

16. BIRTHPLACE (city or town) (State or country) Davidsonville Md

17. INFORMANT (Address) Robert Meeks (son) Aberdeen Md

18. BURIAL, CREMATION, OR REMOVAL Place Chase Md. Date Aug. 10, 1939

19. UNDERTAKER (Address) W. C. White Laurel Md

20. FILED Aug. 8, 1939. O. C. Michael Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 8 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1939, to Aug 8, 1939 I last saw her alive on Aug 7, 1939; death is said to have occurred on the date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Throat and neck

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. S. Lewis M. D.

(Address) Havre de Grace Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-B)

Reg. Dist. No. 185

CERTIFICATE OF DEATH

08034

1. PLACE OF DEATH

(a) County Harford

(b) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Harford Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Harford

(c) City or town Havre de Grace Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Sarah Alice Moobray

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wm H. Moobray

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Mar. 7, 1874

8. AGE: Years 65 Months 5 Days 0 If less than one day 0 hr. 0 min.

9. Birthplace Cecil Co. Md. (Town, county, and state)

10. Usual occupation House Duties

11. Industry or business Self

FATHER

12. Name John Singleton

13. Birthplace Md.

MOTHER

14. Maiden Name Mary Ann (unknown)

15. Birthplace Md.

16 (a) Informant Mr. Wm H. Moobray

(b) Address Havre de Grace R.F.D. #2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9, 1939 (month) (day) (year)

(c) Cemetery or crematory Trinity

Location Churchville Harford Co.

18 (a) Funeral director R. Madison Mitchell

(b) Address Havre de Grace, Md.

19 (a) Aug 7, 1939 (Date rec'd by registrar) (b) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 7, 1939, at 12:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1939, to Aug 7 1939, and that I last saw him alive on Aug 7 1939.

Immediate cause of death Cardiac Efficiency

Due to Probably Carcinoma of Stomach

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Havre de Grace Md. Date signed Aug 7

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WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 185

CERTIFICATE OF DEATH

(210-F)

08035

1. PLACE OF DEATH:

(a) County Harford County

(b) City or town Havre de Grace Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Harford Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) Unknown

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County

(c) City or town Long Bar Harbor (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Rodefer

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1-1918

8. AGE: Years	Months	Days	If less than one day
20	8	24	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Robert Rodefer

13. Birthplace Virginia

MOTHER 14. Maiden Name Myrtle Compton

15. Birthplace Virginia

16 (a) Informant Mrs. Robert Rodefer,

(b) Address Edgewood, Md. R.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 28 39 (month) (day) (year)

(c) Cemetery or crematory Oak Grove.

Location near Bel Air, Md.

18 (a) Funeral director Howard K. McComas,

(b) Address Abingdon, Md.

19 (a) Aug. 27, 1939 (Date rec'd by registrar) (b) James H. Bay Jr. Registrar

MEDICAL CERTIFICATION

20. Date of death August 25 1939, at 9.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw him alive on 19.

Immediate cause of death	Duration
Shock from Hemorr. Rt. Iliac Artery	
Comp. Frac. Pelvis.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 8-25-39

(c) Where did injury occur? Long Bar (City or town) Harford (County) Md. (State)

(d) Did injury occur about home, on farm, industrial place, in public place? In Factory (Specify type of place) While at work?

(e) Means of injury Knocked off Truck.

23. Signature J. H. Ramsey M.D.

Address Dep. Med. Examiner Aberdeen Date signed 8/27/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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CITRIN CORPORAT · LIMITS OF

08036

STATE OF MARYLAND—CERTIFICATE OF DEATH

(121)

1. PLACE OF DEATH

County Harford Co Registration Dist. No. 185

Village or City Havre De Grace No. Harford Memorial Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie O. St Clair If U. S. Veteran, specify WAR

(a) Residence: No. Port Deposit, St., Ward. Outside Port Deposit, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William H. St Clair

6. DATE OF BIRTH (month, day, and year) Dec 29, 1869

7. AGE: Years 69 | Months 7 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Aug 1939

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Cecil Co. Md

FATHER

13. NAME William Neal

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Phoebe Cully

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) William H. St Clair Port Deposit, Md

18. BURIAL, CREMATION, OR REMOVAL Place Westnothingham Date Aug 23, 1939

19. UNDERTAKER (Address) Lee A. Patterson Perryville, Md.

20. FILED Aug 22, 1939 James H. Bay M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1939, to Aug 20th, 1939

I last saw her alive on Aug 20th, 1939; death is said to have occurred on the date stated above, at 10 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Gangrenous	
Appendix + General	
Peritonitis	

Other Contributory Causes of Importance:

Toxemia

Name of operation Appendectomy Date of 8-16-39

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) F. N. Steiner M. D.

(Address) Havre De Grace Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [redacted] WITH UNFADING INK—THIS IS A PERMANENT RECO[redacted]ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1916*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08037

1. PLACE OF DEATH

County Harford Co. Registration Dist. No. 182

Village or City "Near" Forest Hill No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Scheide Mann If U. S. Veteran, specify WAR

(a) Residence: No. For Chelton Hay St., Ward.
(Usual place of abode) Prince George Co. Md If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Molindo Hall

6. DATE OF BIRTH (month, day, and year) Apr. 26 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Baker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Savannah (State or country) Ga

FATHER

13. NAME Schuidemann

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT Mrs Steve Nagle (Address) Forest Hill Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date Aug 20, 1939

19. UNDERTAKER Degn & Lester (Address) Bel Air Md

20. FILED Aug 20, 1939 H. E. Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 18 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1939, to Aug 18, 1939

I last saw him alive on Aug 16, 1939; death is said to have occurred on the date stated above, at 6 15 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorhage	Aug 8-39

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Willard P. Hedrone M. D.

(Address) Forest Hill, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE IN INK WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (184) Reg. Dist. No. 181

08038

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Havre de Grace - Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 8-10-8

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Rural - Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ralph Amos Singleton

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1930

8. AGE: Years 8 | Months 10 | Days 8 | If less than one day 0 hr. 0 min.

9. Birthplace Harford Co. Md.
(Town, county, and state)
10. Usual occupation School
11. Industry or business —

FATHER
12. Name Albert Charles Singleton
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen Morris
15. Birthplace Md

16 (a) Informant Mr. Albert C Singleton
(b) Address Havre de Grace R. F. D. #2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16, 1939 (month) (day) (year)
(c) Cemetery or crematory Dublin M. E.
Location Harford Co. Md.

18 (a) Funeral director R. Madison Mitchell
(b) Address Havre de Grace Md.

19 (a) Aug. 16-39 (Date rec'd by registrar) (b) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 14 1939, at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from —19—, to —19—, and that I last saw him alive on —19—.

	Duration
Immediate cause of death Shock & hemorrhage from ruptured Vessels.	
Due to Accidental traumatism from Firearms	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Aug. 14, 1939
(c) Where did injury occur? House - Harford, Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? House While at work? No
(Specify type of place)
(e) Means of injury Accidental discharge of Shotgun

23. Signature J. H. Ramsey M. D.
Address Dep. med. Examiner Aberdeen
M. D. or other
Date signed 8/16/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 6 1939
U. S.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

(T)

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (173) CB Reg. Dist. No. 185

CERTIFICATE OF DEATH

08039

1. PLACE OF DEATH:

(a) County Harford County

(b) City or town Havre de Grace Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Harford Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Va. (b) County

(c) City or town Richmond (If outside city or town limits, write RURAL and give town)

(d) Street No. 901 Franklin St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gordon Sloan

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of ~~husband~~ or ~~wife~~ Mother Daisy Gordon

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11-1912

8. AGE: Years 27 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Albert Sloan

13. Birthplace Georgia

MOTHER

14. Maiden Name Daisy Gordon ?

15. Birthplace Georgia

16 (a) Informant Hospital Records

(b) Address Havre de Grace, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2 1939 (month) (day) (year)

(c) Cemetery or crematory County Home

Location Bel Air

18 (a) Funeral director Henry Tanner Sons

(b) Address Aberdeen Md.

19 (a) Sept 2 1939 (Date rec'd by registrar) (b) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 27 1939, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Seen after death 19 , to 19 , and that I last saw him alive on 19 .

Immediate cause of death Bullet wound of chest and abdomen

Due to Perforation of l. lung and spleen

Due to Hemorrhage in left chest and abdomen

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Autopsy performed 9:15 A.M. 8/28/39

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Homicide

(b) Date of occurrence 8/26/39

(c) Where did injury occur? Near Smith-Michael Canning Co (City or town) Harford County (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? House (Specify type of place) While at work? no

(e) Means of injury Bullet wound

23. Signature [signature] Med. Exam. M. D. or other

J. H. Ramsey M.D. Dep. Med. Exam.

Address ~~8/~~ 8/29/39 Date signed

RECEIVED
SEP 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08040

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:
County Harford
City or town Bel Air (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md. County Harford
City or town Bel Air Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Girl Wilson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 6, 1939

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Willard Wilson
13. Birthplace W. Va.

MOTHER 14. Maiden name Lenora Dell Cannoy
15. Birthplace Va.

16. Informant
Address

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory
Location

18. Funeral director
Address

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6 19 39, at 3:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death Still birth. — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

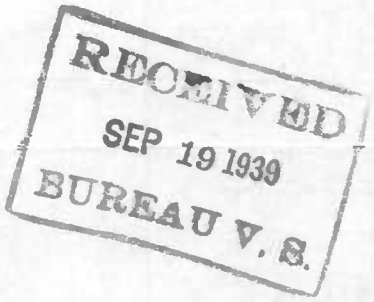
23. SIGNATURE Fred O Hoskins MD (M. D. or other)
Address Edgewood Md Date signed 9-15-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Stillb.



WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

(82a)

Reg. Dist. No. 185

CERTIFICATE OF DEATH

08041

1. PLACE OF DEATH

(a) County Harford Co

(b) City or town Havre de Grace Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Harford Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Harford

(c) City or town Aberdeen Md R.F.D.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Alonzo H. Wright

3 (b) If veteran, name war

3 (c) Social Security No. 220-05-2948

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Agnes Wright

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Sept 10 - 1876

8. AGE: Years	Months	Days	If less than one day
62	11	16	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business

FATHER 12. Name William Wright

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Curry

15. Birthplace Maryland

16 (a) Informant Mrs. Margaret Wright

(b) Address Aberdeen Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29 1939 (month) (day) (year)

(c) Cemetery or crematory Bush Run

Location Havre de Grace R.F.D.

18 (a) Funeral director Henry Tanner Sons

(b) Address Aberdeen Md

19 (a) Aug 28, 1939 (Date rec'd by registrar) (b) James A. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 26 1939, at 2.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1939, to Aug 26 1939, and that I last saw him alive on Aug 26 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arterio Sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. B. Heise M. D. or other

Address Havre de Grace Date signed 8-28-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (157-C) Reg. Dist. No. 185

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

08042

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Havre de Grace, Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Harford Memorial Hospital
(d) Length of stay in hospital or inst. (~~yrs.~~, ~~mos.~~, or days) 5
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Harford
(c) City or ~~town~~ Havre de Grace, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Franklin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Helen Dorothy Yaczko (Yazko)

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: W.

6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31- 39

8. AGE: Years | Months | Days: 5 | If less than one day: ____ hr. ____ min.

9. Birthplace Havre de Grace, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Theodore J. Yaczko
13. Birthplace Perth Amboy N. J.

MOTHER
14. Maiden Name Helen V. Kaczkowitz
15. Birthplace Staten Island N. Y.

16 (a) Informant Theodore J. Yaczko
(b) Address Havre de Grace Md.

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof Aug. 4 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Erin Cemetery
Location Havre de Grace, Md.

18 (a) Funeral director Pennington & Son
(b) Address Havre de Grace, Md.

19 (a) Aug. 4, 1939 (Date rec'd by registrar) (b) James M. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 4 1939, at 10 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1939, to Aug 4 1939, and that I last saw him alive on Aug 4 1939,

Immediate cause of death: Congenital Malformation of heart — Duration: 4 days.
Due to: Cerebral Hemorrhage
Due to: Fractured Skull — Duration: 4 days.
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J. Foley M.D. (M. D. or Other)
Address Havre de Grace Md. Date signed 8/4/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 4 1939
BUREAU V. S.